

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I						SMALL ENTITY			OTHER THAN	
_			(Column 1) (Column 2)		TYPE		OR	SMALL		
FC)R 	NUMBE	R FILED	NUMBER	NUMBER EXTRA		FEE] [RATE	FEE
ВА	SIC FEE	1	÷			14	345.00	OR		690.00
TO	TAL CLAIMS	3	_ minus :	20= * ()	X\$ 9=		OR	X\$18=	(80
	EPENDENT CL		5 minus 3 = * 2			X39=		OR	X78=	156
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2					column 2	TOTAL		OR	TOTAL	1026
CLAIMS AS AMENDED - PART II									OTHER	
		(Column 1)	(Column 2) (Col		(Column 3)	SMALL		OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	= .	X39=		OR	X78=	,
_	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL	<u> </u>	יהן	TOTAL	
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE		10,,	ADDIT. FEE	
~	**/	CLAIMS		HIGHEST			ADDI-			ADDI-
AMENDMENT B	<u>.</u>	REMAINING AFTER AMENDMENT	•	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	NITATION OF 14	Minus	***	=	X39=		OR	X78=	
	I LINO I PRESE	INTATION OF M	OLITPLE DE	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	,				
AMENDMENT C	51	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=			X78=	
lacksquare	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				709-		OR	7,70-		
	lé éba autorio arti				· 	+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										
	If the "Highest Nu	mber Previously P	aid For" IN TH	IS SPACE is less that	an 20, enter "20."			OR		

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

(CAI	LCULATION SHEET)	
APPLICATION NUMBER: _		

Total Fee Calculation

	Fce Code	Total # Claims	Number Extra	X	Fee	Fee		Total
	Sm./Lg.				Sm. Entity	Lg. Entity		(() >
Basic Filing Fee	201/101	2.2	10		345	690	=	690
Total Claims >20	203/103	50 -20 =	10	x	9	18	3	180
Independent Claims >3	202/102	5 .3 =	<u>~</u>	x	39	78	=	156
Mult. Dep Claim Present	204/104				130	260	=	
Surcharge	2 05/105				65	130	=	130
English Translation	139							<u>i</u>
TOTAL FEE CALCULATION							1156	
Fees due upon filing the application:								
Total Filing Fees Due = \$ 1156								

Total Filing Fees Due = \$ 1156

Less Filing Fees Submitted - \$

BALANCE DUE = \$

Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev. 12/97)